

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 4

2. STATE:

WV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Social Security Act 1902

7. FEDERAL BUDGET IMPACT:

a. FFY —0— \$ —0—

b. FFY —0— \$ —0—

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8a to ATTACHMENT 2.6-A
Page 1, and Page 11a OF ATTACHMENT 2.6A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SUP 8a to ATTACHMENT 2.6A Pg 1,
AND ATTACHMENT 2.6A, Pg 11a

10. SUBJECT OF AMENDMENT:

Submission of plan amendment for Social Security Act 1902

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Phillip A. Lynch

13. TYPED NAME:

Phillip A. Lynch

14. TITLE:

Acting Commissioner

15. DATE SUBMITTED:

3/5/01

16. RETURN TO:

Phillip A. Lynch, Acting Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301-2706

17. DATE RECEIVED: 3/6/01		18. DATE APPROVED: 3/7/2001	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/00		20. SIGNATURE OF REGIONAL OFFICIAL: [Signature]	
21. TYPED NAME: CLAUDETTE V CAMPBELL		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR	
23. REMARKS: DIVISION OF MEDICAID & STATE OPERATIONS			

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.6-A
Page 11a
OMB No.: 0938

State: West Virginia

Citation	Condition or Requirement
1902 (1) (3) (E) and 1902 (r) (2) of the Act	<p>e. <u>Poverty level pregnant women, infants, and children.</u> For pregnant women and infants or children covered under the provisions of sections 1902 (a) (10) (A) (i) (IV) (VI) and (VII) 1902 (a) (10) (A) (ii) (IX) of the Act—</p> <p>(1) The following methods are used in determining countable income:</p> <p><u>X</u> The methods of the State's approved AFDC plan.</p> <p><u>X</u> The methods of the approved title IV-E plan.</p> <p>— The methods of the approved AFDC State plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>— The methods of the approved title IV-E plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u></p>

TN No. 01-04
Supersedes
TN No. 98-06

Approval Date APR 9 2001 Effective Date 7/0/1/00

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 8a to ATTACHMENT 2.6-A
August 1991 Page 1
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: West Virginia

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902 (r) (2) OF THE ACT*

 Section 1902 (f) State X Non-Section 1902(f) State

For children covered under Section 1902 (a) (10) (A) (i) (III) and 1905(n) of the Social Security Act, the State of West Virginia will disregard an amount equal to the difference between 100% of the current Federal Poverty Level and 100% of the AFDC payment standard plus \$1.00 for the same family size.

*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

Tn No. 01-04
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Approval Date APR 9 2001

Effective Date 10/1/00

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